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Welsh Ambulance Services
NHS Trust

Welsh Ambulance Services NHS Trust Annual Report and Annual Accounts Part 1 – Performance Report

2021/22

The three parts of the 2021/22 Annual Report and Accounts have been separated for ease of reference. The full signed version submitted to the Senedd and incorporating all three parts is available on our website.

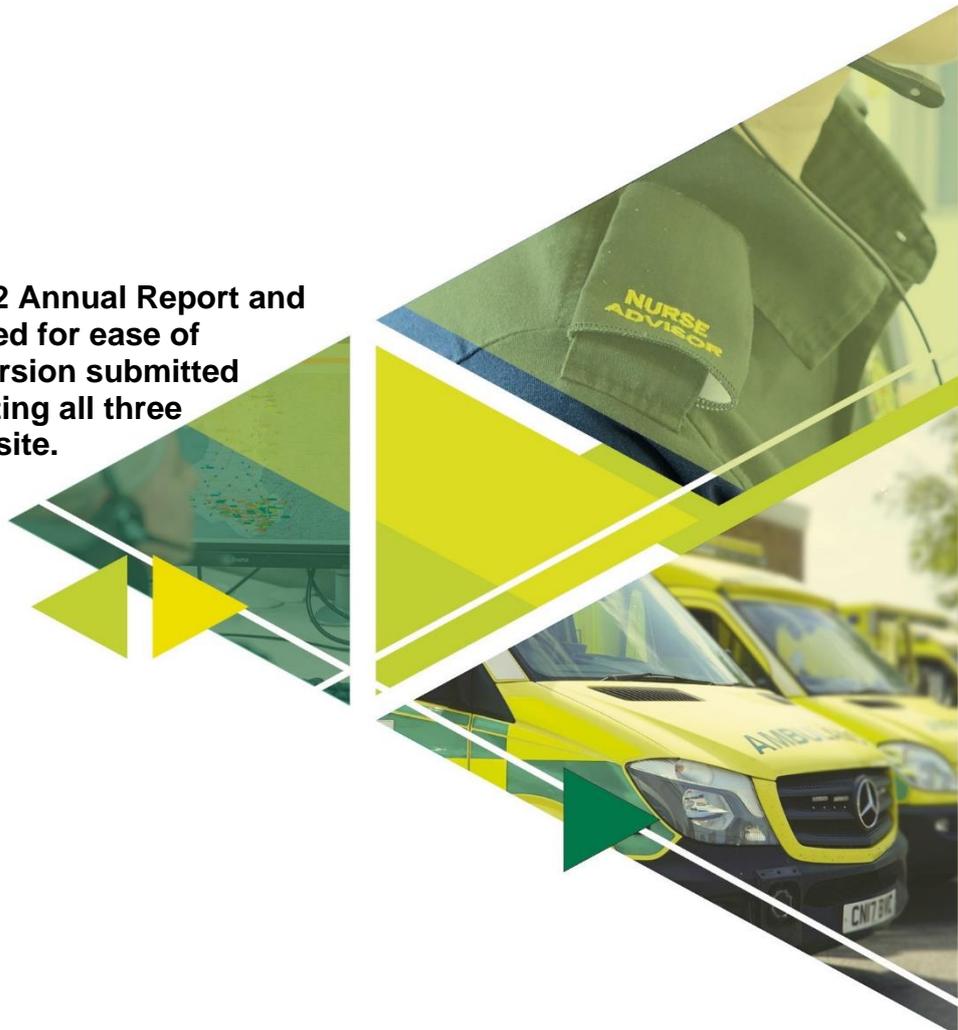


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Annual Report Introduction

This Annual Report is part of a suite of documents that provides information about the Welsh Ambulance Services NHS Trust (the Trust). It will provide the reader with information on our services, the care we provide and what we do to plan, deliver and improve those services. It will provide the reader with detail on the Trust's performance and how we responded to changing demands and challenges in 2021/22.

In accordance with the NHS Wales 2021/22 Manual for Accounts and HM Treasury's Financial Reporting Manual, our Annual Report for 2021/22 includes:

Part 1: Performance Report which details how the Trust performed in the year and how we adapted and responded to the COVID-19 pandemic.

Part 2: Accountability Report which details the key accountability requirements and our Governance Statement provides information about how the Trust manages and controls resources and risks and complies with governance arrangements.

Part 3 Financial Statements - which detail how the Trust has spent its money and met its obligations. These accounts for the period ended 31 March 2022 have been prepared to comply with International Financial Reporting Standards (IFRS) adopted by the European Union, in accordance with HM Treasury's FReM by Public Health Wales NHS Trust under schedule 9 section 178 Para 3 (1) of the National Health Service (Wales) Act 2006 (c.42) in the form in which the Welsh Ministers, with the approval of the Treasury, directed.

For 2021/22, there was no requirement to prepare a separate Annual Quality Statement, however, key quality themes are captured within the Performance Report.

Whilst acronyms are explained in full when they are first used, a glossary is included for ease of reference.

If you require a version of the Annual Report in printed or alternative formats/ languages please contact the Board Secretary on trish.mills@wales.nhs.uk.

Glossary

A number of acronyms are used in this Annual Report. Where the acronym is used multiple times we have included it in the glossary below for ease of reference.

Abbreviation	Term
ADLT	Assistant Directors Leadership Team
AQIs	Ambulance Quality Indicators
BAF	Board Assurance Framework
CASC	Chief Ambulance Services Commissioner
COPI	Control of Patient Information Regulations
CPR	Cardiopulmonary Resuscitation
CSD	Clinical Support Desk
EASC	Emergency Ambulance Services Committee
EMS	Emergency Medical Service
EMT	Executive Management Team
ePCR	Electronic Patient Clinical Record
ESR	Electronic Staff Register
FRem	Government Financial Reporting Manual
HSE	Health and Safety Executive
ICO	Information Commissioner's Office
IMTP	Integrated Medium Term Plan
IPC	Infection Prevention Control
MACA	Military Aid to Civil Authorities
NEPTS	Non Emergency Patient Transfer Service
NHSDW	NHSDirect Wales
NRIs	National Reportable Incidents
PPE	Personal Protective Equipment
QuESt	Quality, Patient Experience and Safety Committee
REAP	Resource Escalation Action Plan
STB	Strategic Transformation Board
STEMI	ST segment elevation myocardial infarction
The Trust	Welsh Ambulance Services NHS Trust
WTEs	Whole time equivalents

PART 1 – PERFORMANCE REPORT

This Performance Report aims to provide an integrated quality, patient safety, patient experience and performance narrative on the Welsh Ambulance Services NHS Trust (the Trust) for the period 01 April 2021 to 31 March 2022.

The Performance Report is produced in line with the requirements of the NHS Wales 2021/22 Manual for Accounts, in particular, Chapter 3 and Annex 7.

1.1 Foreword from Chief Executive Officer

2021/22 has been another extraordinary year for the Trust as it has continued to work through further waves of the COVID-19 pandemic and, as society has opened up, to deal with increased pressure across the urgent and emergency care system. Whilst staff and volunteers have stepped up to the challenge, in many instances, the Trust has not been able to respond to patients as quickly as it should, affecting patient experience and safety. The reasons are complex and multiple, with some directly related to COVID-19 and others due to underlying factors that have been present for some time, which have been exacerbated over the last two years.

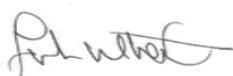
The Trust's headline target is to respond to 65% of red calls (immediately life threatening) in eight minutes. The Trust did not achieve the target in 2021/22 although 67% of red calls did receive a response in ten minutes. The Trust is also concerned about patient safety and harm in the amber category where response times are long.

Working together across all levels of the organisation has enabled the Trust to deliver much of what it had set out in its plan for 2021/22. Growth continued in the Emergency Medical Services (EMS), with an additional 127 front line staff recruited. Core 111 services were rolled out, with the Trust now the national provider of 111. The final transfers of Non-Emergency Patient Transport Service (NEPTS) activity from Health Boards were completed, making the Trust the sole provider of these services in Wales. The new electronic patient care record system (ePCR) was also implemented. Significant additional support was also secured from the military and St John Cymru.

The Trust's ability to improve the quality and safety of the service it provides to patients remains at the heart of its plan for 2022/23. The plan focuses on delivery of efficiencies within the Trust's control which will increase capacity to respond. However, the level of hospital handover lost hours are now so extreme the Trust cannot offset their substantial impact. The Trust has therefore also signalled that significant further investment and/or a radical reduction in hospital handover lost hours is required in order to deliver a safe 999 patient pathway. The Trust is acutely aware of the impact of COVID-19 on the communities it serves and on its own staff. The Trust will continue its emphasis on well-being to support those affected.

The Trust is open and transparent in its monthly reporting of patient experience, patient safety and performance. The annual Performance Report brings this together, enabling the reader to form an assessment of how the Trust is doing.

Finally, I want to reiterate my thanks to all our staff and volunteers, Armed Forces, blue light partners, commissioners and the private sector, and the voluntary sector for their continued support in responding to COVID-19.



Jason Killens
Welsh Ambulance Services NHS Trust Chief Executive Officer

1.2 Areas of Responsibility

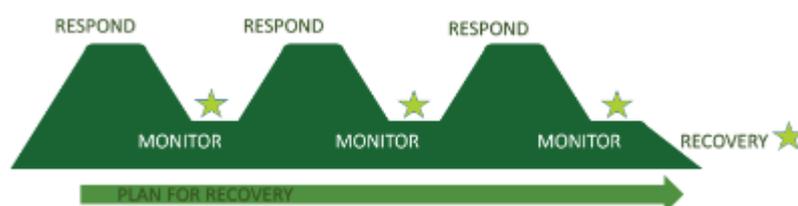
The Trust provides health care services for people across the whole of Wales, delivering high quality and patient-led clinical care wherever and whenever needed.

Services include:

- The blue light emergency ambulance services: including call taking, remote clinical consultation, see and treat and if necessary, conveyance to an appropriate hospital or alternative treating facility.
- Non Emergency Patient Transport Service (NEPTS): taking patients to and from hospital appointments and transferring them between hospitals and treating facilities.
- The now retired NHSDirect Wales (NHSDW) service: a health advice and information service available 24 hours a day, every day, including an online and telephone offering (available in Betsi Cadwaladr and Cardiff & the Vale university health boards for the early part of 2021/22).
- The 111 service: a free-to-call service which incorporates the NHSDW service and the call taking and first stage clinical triage for the out-of-hours service. The number was live pan-Wales throughout 2021/22 and the full service was rolled out in Betsi Cadwaladr and Cardiff & the Vale university health boards in 2021/22 making the service pan-Wales.
- The Trust also supports Community First Responders, Co-Responders and Uniformed Responders to provide additional response resource.
- During the pandemic, the Trust has provided the Mobile Testing Service for the whole of Wales.
- All the services had COVID-19 patients flowing through them therefore the Trust made no distinction between COVID-19 care and non-COVID-19 care in terms of its delivery arrangements in 2021/22.

1.3 Response to and impact of COVID-19

The Trust originally triggered its Pandemic Influenza Plan on 4 March 2020. The Plan sets out two phases: a response phase and a recovery phase. To allow it to respond more flexibly to waves, the Trust also introduced the concept of two positions within the Response Phase (Response Position and Monitor Position).



The Trust started the year in a Recovery phase, but on the 20 December 2021 moved back into Response phase (response position) due to the Omicron variant. The Trust continuously reviewed all the data available in terms of the overall situation across Wales and UK as well the pressure put on the organisation and in light of the improving picture was able to move from Response Position to Monitor Position on 1 March 2022. As the picture began to improve further, the Trust moved from Response Phase: Monitor Position to Recovery Phase on 18 March 2022.

The Trust has used forecasting and modelling techniques and software linked to COVID-19 forecasts supplied by Swansea University and also internal thinking about patient demand to help predict and model performance and patient safety.

Because of the government travel restrictions (an indirect impact of COVID-19) the Trust predicted very high patient demand through the summer of 2021/22 and brought forward a tactical Summer Plan to mitigate the impact of the very high demand on patient safety.

Despite the Trust's forward planning the Trust could not sufficiently mitigate the impact of this high seasonal demand, including two heat waves which created additional pressures, and on 20 July 2021 the Trust went to maximum escalation, what is referred to as "REAP 4" (Resource Escalation Action Plan). The Trust came out of REAP 4 on 29 July 2021. The Trust then went back into REAP 4 on 24 August 2021 and stayed there until 16 November 2021. This pattern of moving between REAP 4 and REAP 3 continued through the winter period until the year end. To contextualise how strained the Trust has been, in the very bad winter of 2017/18 the Trust went to REAP 4 for one day.

Whilst not directly caused by the pandemic, the Trust introduced a Clinical Safety Plan on 27 September 2021, which replaced its Demand Management Plan. Like the Trust's escalation plan, the Clinical Safety Plan moves through four levels with level 4, the highest level, requiring that Red and Amber 1 patients are clinically screened before an emergency resource is dispatched and ambulances unable to be sent to Amber 2 and Green patients.

The Trust undertook further forecasting and modelling for the winter 2021/22, making this information available in September 2021. This forecasting and modelling predicted that the Trust would have to operate at level 4 of the Clinical Safety Plan and that “radical” measures would be required to mitigate the impact of the pandemic on performance and patient safety. The impact of COVID-19 is not just on patient demand, but also sickness absence in the Trust’s workforce and the level of lost hours caused by hospital handover which have exceeded the levels that existed pre-pandemic.

As a result, the Trust decisively and proactively sought Military Aid to Civil Authorities (MACA) which resulted at peak in 250+ UK Armed Forces personnel supporting the Trust through the winter period. This aid commenced in mid-October 2021 and ended on the 31 March 2022. The Trust also received additional funding for various initiatives via the Emergency Ambulance Services Committee (EASC). The Trust’s Chief Executive also requested that any and every initiative that could have a positive impact on the winter period was brought together into a single Performance Improvement Plan (PIP), which was reported into the Executive Management Team every two weeks and to the Chief Ambulance Services Commissioner (CASC) every month i.e., the Trust retained a strong tactical grip through the winter period. The Trust’s pandemic strategy and the use of the Pandemic Plan and its supporting structures were used to support and coordinate the response not only to COVID-19 but also seasonal winter pressures.

As a result, the Trust was able to boost the level of ambulance production in a “radical” way as identified by the forecasting and modelling; however, the levels of hospital handover lost hours were so extreme that even with the radical measure of the MACA the Trust simply could not offset the lost hours at hospital and therefore operated at maximum levels of escalation for much of the winter and at high levels of the Clinical Safety Plan.

The Trust continues to review COVID-19 data through its COVID-19 Intelligence Pack; however, the major concern for the Trust now is the system pressures, in particular, high staff sickness and extreme hospital handover lost hours, caused by the pandemic and the underlying pre-pandemic position which was already very strained.

Throughout the pandemic, the Trust continued to operate its three services: 111, 999 Emergency Medical Services and Ambulance Care (including NEPTS). The pandemic did not lead to any decisions to reduce or stop these services, albeit the levels of demand, high sickness levels, social distancing (on NEPTS vehicles), the donning of PPE and lost hours to hospital handover, all of which were impacted by COVID-19, affected the Trust’s ability to deliver these services to the required performance targets, with more detail set out in following sections.

During the first wave the Trust made the decision to stop all corporate activity that was not directly and immediately relevant to the Trust’s pandemic response, however, a lesson from 2020/21 was the balance between a focus on immediate actions and continuing more strategic transformative actions which would build the

Trust's resilience in the medium term. For 2021/22 the Trust made a conscious decision to continue to run its key strategic transformation programmes.

1.4 Planning and Delivery of Safe, Effective and Quality Services

The Trust has a statutory requirement to think and plan in a generational way (the Well-Being of Future Generations (Wales) Act 2015), plan in a way that is consistent with the NHS Wales Planning Framework which takes into account the priorities for the Minister for Health & Social Services over the coming year, commissioning requirements, Welsh Government strategy (currently A Healthier Wales) and a statutory requirement to think of quality and engagement through the Trust's work – the Health & Social Care (Quality & Engagement) (Wales) Act 2020.

The Trust develops plans at every level of the organisation - strategic, tactical and operational. This will produce a hierarchy of plans that link together, aligning the Trust and all its people towards achieving its agreed strategic ambitions.

The Trust strategy, "Delivering Excellence", was published in 2019. The Trust has been working throughout on what that strategy means in practice and how services might need to change. The Trust's ambition for its core services is to get patients the right care, in the right place, every time. Eventually the Trust wants to support more people being treated closer to home. To enable these ambitions the Trust will need to support its people, embrace technology, work closely with its partners and upgrade its fleet and estate. Underpinning everything is a commitment to quality and excellent patient experience, strong clinical leadership and developing a culture of Working Safely and delivering value.

At an organisational level, the Integrated Medium Term Plan (IMTP) sets out, on a three-year rolling basis, the prioritised actions that the Trust will take to move it towards its strategic ambitions. The IMTP will take into account the national planning guidance issued by Welsh Government, the external environment in which the Trust operates including statutory requirements and commissioning intentions, as well as intelligence gathered from patients and staff.

1.4.1 Trust's Integrated Medium Term Plan

In developing the IMTP, the Trust also listens to and responds to what is important to patients and to its people to help the Trust develop its plans. The Trust's IMTP also describes the actions it will take to address some of its highest risks.

The Trust Board approved the IMTP for 2021/22 and submitted it to Welsh Government at the end of March 2021. For this financial year, Welsh Government did not seek to formally approve plans, but feedback was positive on the Trust's plan submitted. Key actions included in the IMTP for 2021/22 were:

(a) 111 and integrated clinical support as the Gateway to Care

- Improving the 111 website;

- Encouraging more people to use 111 by rolling out the core NHS 111 Wales service to the whole of Wales and developing and rolling out 111 First to help people to navigate the urgent and emergency health and care system;
- Recruiting and training more call takers and clinical staff to ensure there is the correct capacity to meet growing demand for the service;
- Strengthening operational and clinical leadership to improve the clinical advice and signposting available to the public;
- Implementing a new integrated system across 111 and GP Out of Hours;
- Implementing a new triage system for 999 callers;
- Developing plans to have more contact with patients by video consultation; and
- Employ mental health practitioners into the clinical support desk.

(b) EMS Operational and Clinical Transformation

- Maximising capacity to respond more quickly to callers who need an ambulance:
 - Recruit and train a further 127 EMS staff;
 - Review and redesign rosters across Wales to implement in 2022;
 - Work with Health Boards to reduce handover delays; and
 - Work in partnership with Trade Unions to modernise practices to increase time available to respond.
- Developing a new way of responding to patients in rural areas;
- Implementing the new electronic patient care record system; and
- Work with Health Boards to implement new pathways that keep people at home when it is safe to do so.

(c) Ambulance Care Transformation

- Transferring all remaining NEPTS services from Health Boards to the Trust;
- Further developing “Transport Solutions” which help people access transport when they are not eligible for NEPTS;
- Developing an action plan with our commissioners to take forward the recommendations from a review of NEPTS demand and capacity;
- Evaluating the first six months of the Grange University Hospital inter-hospital transfer service; and
- Working with commissioners to develop a consistent inter hospital transfer approach for the whole of Wales.

(d) A number of enablers were also articulated to take forward our plans including:

- Supporting staff and volunteers: actions to continue to improve the Trust as a place to work;
- Education: provision of state-of-the-art training in modern facilities at Matrix House, the new Cardiff Make Ready Depot and Ty Elwy;
- Leadership and behaviours: review of the Trust’s values and behaviours and support to allow staff to become more compassionate managers and leaders
- Where people work: continue to take steps to improve the estate, to allow staff to provide safe services;

- Fleet: renew the Trust’s fleet in a way which helps to protect the environment;
- How you work: development of a Working Safely programme; and
- Equipment and technology: increased use of equipment and technology to help staff do their jobs more easily.

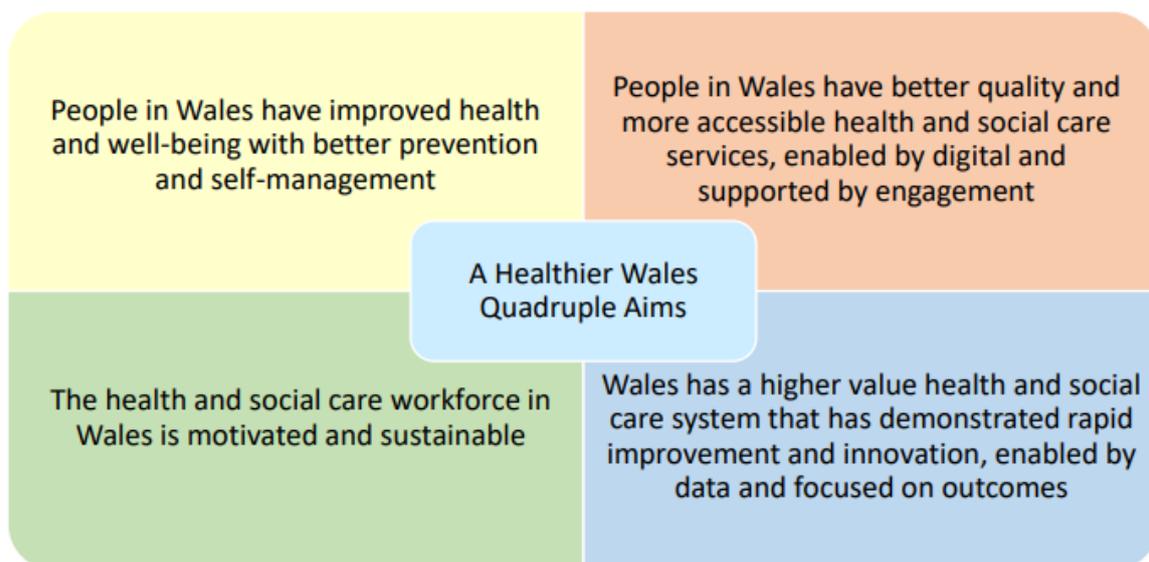
The Trust reviews its performance monthly both through analysis of key metrics and through tracking of actions and deliverables.

This next section of the report considers delivery in terms of numeric information with a supporting narrative before going onto to look at how the Trust performed in terms of its IMTP deliverables.

The Trust reviews quality and performance through four integrated lenses:

- i. “Our Patients (Quality, Safety and Patient Experience)”;
- ii. “Our People”;
- iii. “Finance and Value”; and
- iv. “Partnerships and System Contribution”.

These four areas of focus broadly correlate with the “quadruple aims” set out below from Welsh Government’s “A Healthier Wales”.



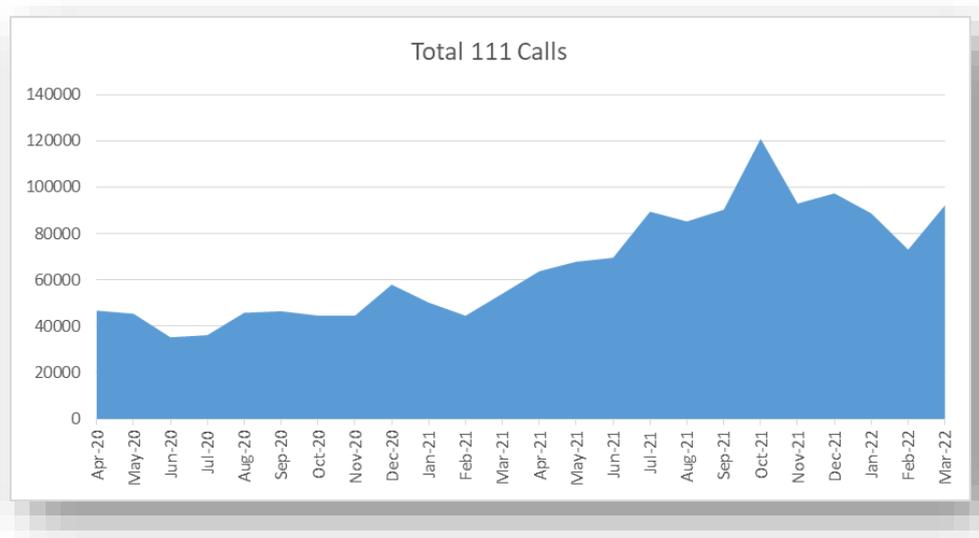
1.4.2 Internal Governance

The Trust has a Quality & Performance Management Framework which was updated during 2021/22 and approved in March 2022 by the Trust Board. The Framework details an Assurance & Governance Map and an Annual Quality & Performance Cycle, which together detail the various meetings that review performance information through the year and the cycle of reporting to these meetings. They include internal, but also external reporting arrangements.

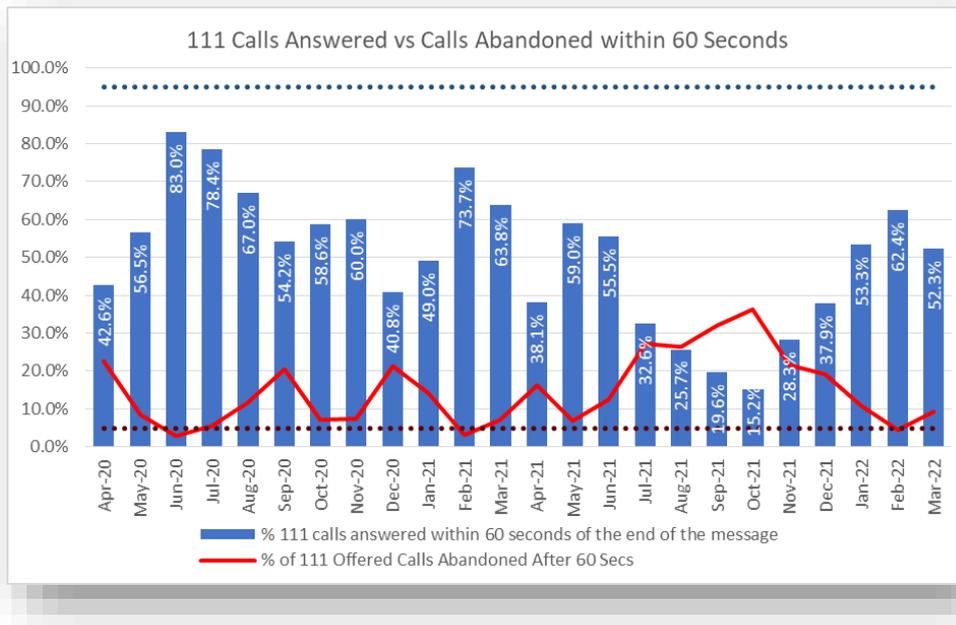
1.4.3 Our Patients (Quality, Safety and Patient Experience)

Patients have not been receiving the timeliness of service they require, and patient safety has been compromised by a difficult operating environment across the urgent and emergency care system in Wales.

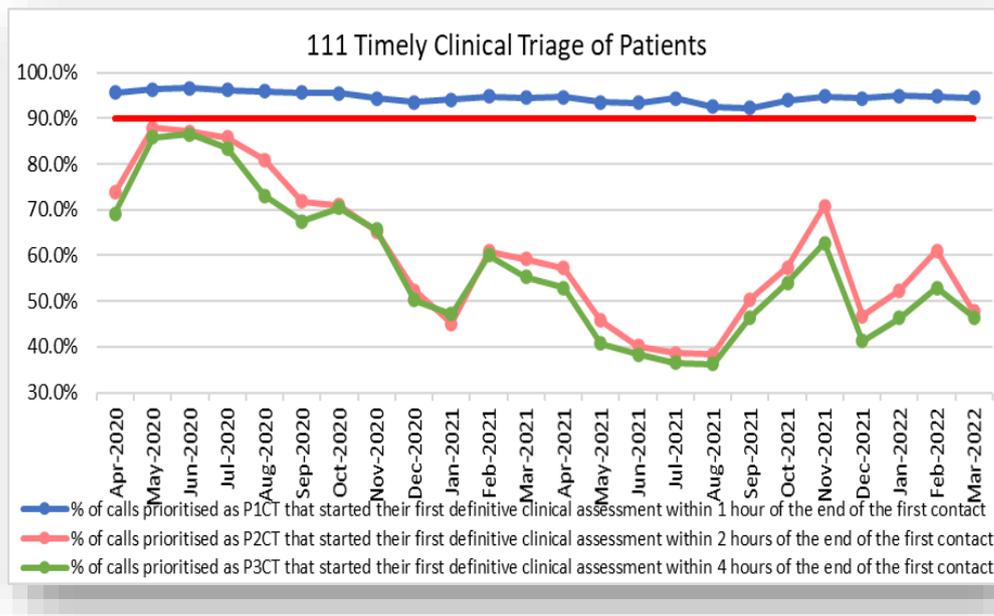
For many of the Trust's patients, the first point of contact with the Trust is the **111 service**. The 111 number is now operational across all of Wales (as part of the pandemic response), and the full 111 Service is now live in every part of Wales, with the remaining two Health Board areas, Betsi Cadwaladr and Cardiff and Vale, moving across from the NHSDW service in 2021/22 which has contributed to the increase in calls demonstrated in the graph overleaf. The total number of 111 calls in 2021/22 was 1,031,655 compared to 552,232 in 2020/21.



In the **111 service**, the Trust measures the quality of the service it provides through call answering times and clinical ring back times. The Trust aims to answer 95% of calls within 60 seconds and to have an abandonment rate of less than 5%, but the graph demonstrates that the service has been significantly off target during 2021/22. 40% of 111 calls were answered within 60 seconds and 18.6% of calls to the 111 number were abandoned after 60 seconds 2021/22. As a result of a concerted recruitment and training effort, as well as internal improvement and efficiency work which remains ongoing, the Trust has started to see improvements towards the latter part of the year.



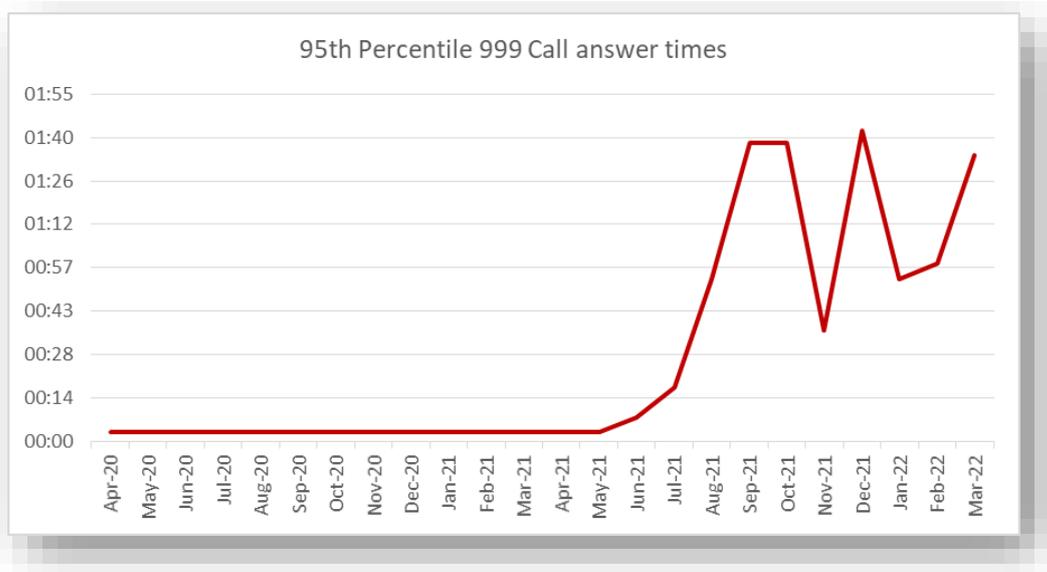
In relation to clinical ring back for triage, the Trust consistently achieves the one hour target of 90% for highest priority patients, 94% in 2021/22, but did not achieve the 90% target for other patient acuity categories. 50.6% of patients prioritised as P2CT received a clinical ring back within two hours of the end of the first contact and 46.2% of patients prioritised as P3CT received a clinical ring back within 4 hours of the end of the first contact. Patients have provided feedback on long waits and there is potential for these waits to have a knock on impact to both 999 and the rest of the urgent and emergency care system. The Trust therefore undertook a strategic demand and capacity review of 111 in quarter four 2021/22.



One of the factors in response times is demand. 111 demand has increased significantly, but this can be attributed to the service going live across Wales (bringing higher than expected demand in the North) alongside government

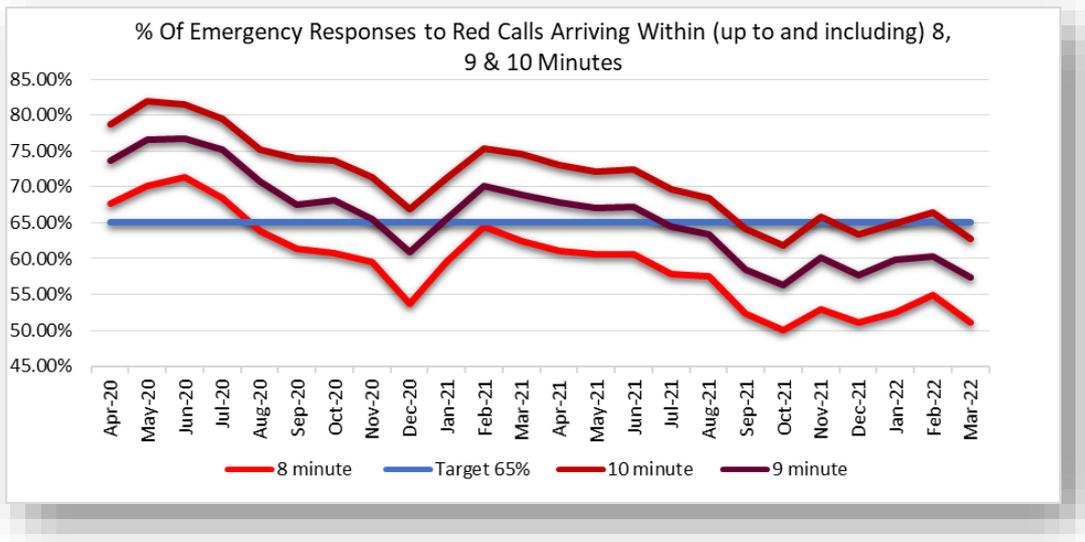
announcements relating to the pandemic, which have the effect of creating spikes in demand, and also an increasing use of the service which is increasingly seen as the “Gateway to Care” across the system.

Within the **999 service**, the Trust assesses the quality of the service it provides through a range of response times metrics, clinical indicators, and outcome measures. Call answering performance began to worsen during the summer as the Trust moved to a sustained period of maximum escalation with the 95th percentile of calls increasing from three seconds to 53 seconds. Some additional call taking capacity was built in through the year, and may be required into the future, subject to levels of activity and funding availability. 999 demand can be driven by repeat callers seeking an update when in-community wait times extend.

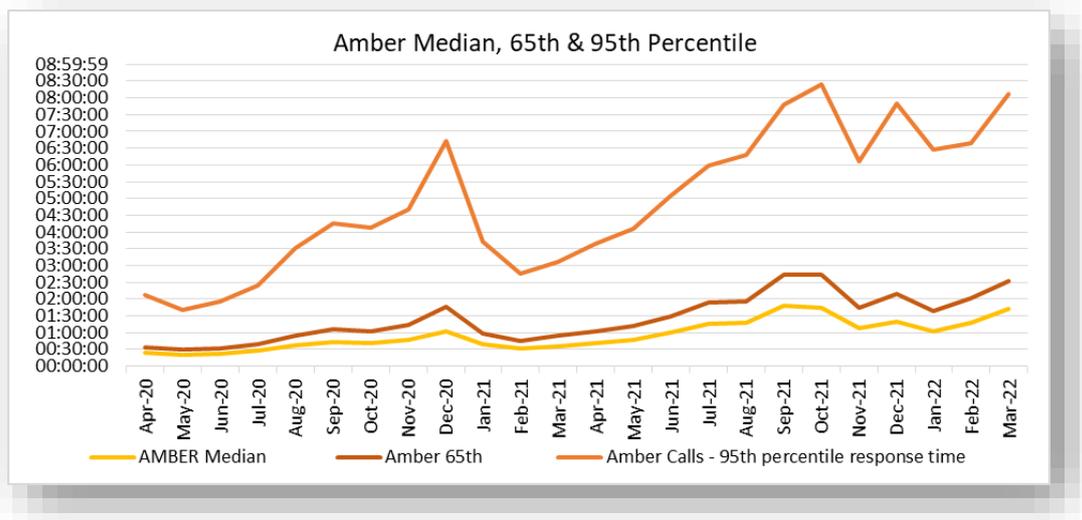


The headline patient metric for the Trust is Red 8 performance; this is the percentage of Red – immediately life threatening – incidents responded to within eight minutes. The Trust has unfortunately seen a continued deterioration in performance against the Red eight minute target, together with lengthening response times for its Amber calls which includes stroke and heart attacks. The Trust knows that the bulk of patient safety incidents occur in the Amber category, and that these long response times directly impact on patient outcomes. The Trust believes strongly that this is one of the greatest clinical risks that the system faces, and that it needs to collaboratively and urgently address this so that patients are not left alone for hours in the community with no clinical assessment or treatment.

The Trust did not achieve the Red eight minute 65% Welsh Government target throughout 2021/22, this target is monthly



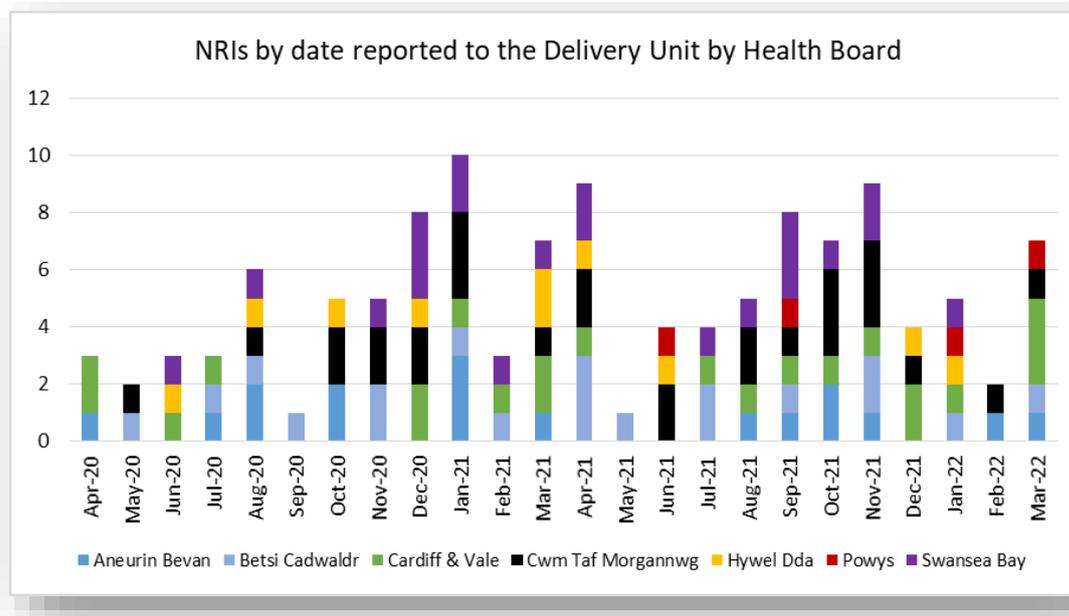
For 2021/22, the Trust’s Amber performance achieved was one hour and 16 minutes (median); one hour and 56 minutes (65th percentile); and six hours and 22 minutes (95th percentile).



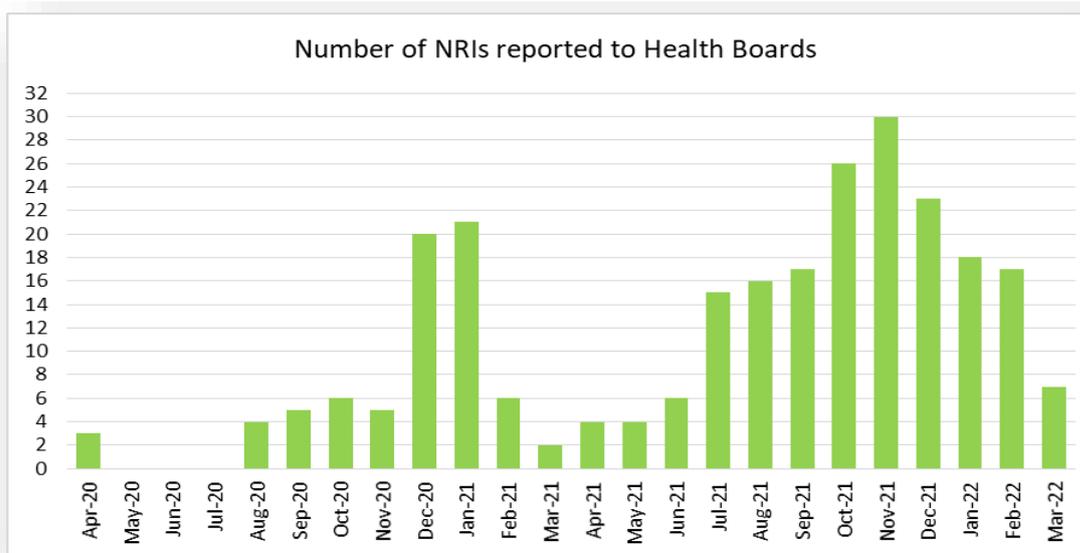
There are many reasons for these longer response times, which include increases in Red demand and overall acuity, a loss of capacity through increased sickness absence, and a loss of capacity through hospital handover delays. During quarter three and four the Trust received MACA support to help mitigate the loss of capacity which at peak was 250+ UK Armed Forces personnel. During the pandemic, the Trust also prioritised its conveying capacity (Emergency Ambulances - EAs) over Rapid Response Vehicles (RRV) which influences Red response times, and staff are also required to don and doff Level 3 PPE in line with Infection Prevention and Control (IPC) guidance, which can add minutes to the response time.

The Trust actively encourages a positive safety culture and sees all incidents/events as an opportunity for learning and improvement. There were 4,558 patient safety incidents, near misses and hazards reported in 2021/22, compared to 2,550 in 2020/21.

The Trust is seeing higher levels of National Reportable Incidents (NRIs); and also, higher levels of serious incidents referred to health boards for them to investigate. There were 65 patient NRIs in 2021/22 compared with 56 in 2020/21. This is too many and reflects the pressure in the health care system. Most, but not all of these NRIs relate to the Trust's 999 service.

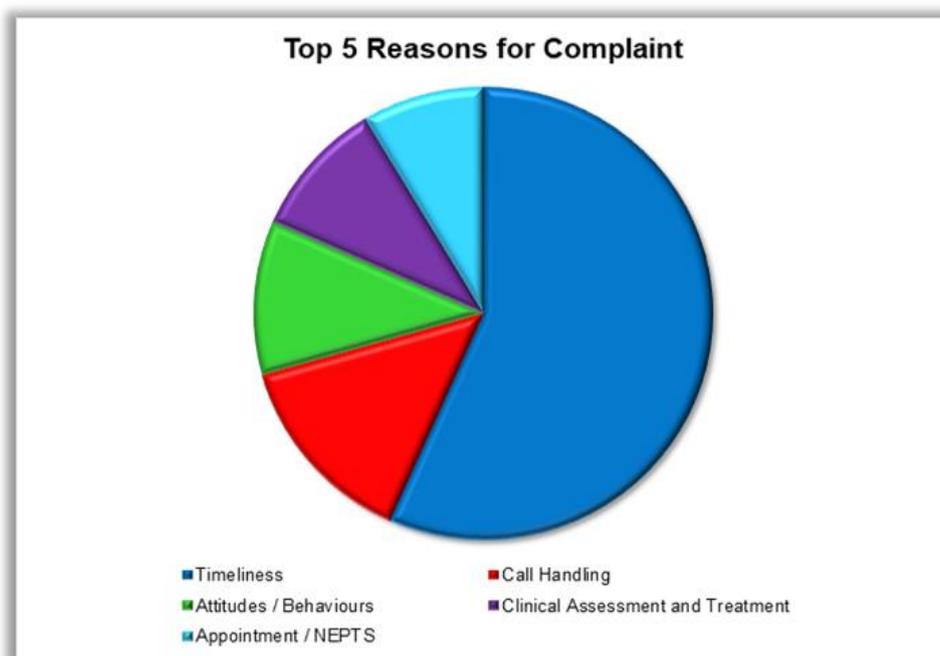


Incidents referred to Health Boards have more than doubled in the last year reflecting the severe pressures in the system. They are often due to long waits in the community because of handover delays at hospitals. There were 184 incidents referred to Health Boards in 2021/22 compared to 72 in 2020/21.



In 2021/22, there were 5,939 patient waits of 12 hours or over, compared to 1,850 in 2020/21.

The Trust has a 75% target for responding to patient concerns within 30 days, this was not achieved in 2021/22. There were 983 concerns received in 2021/22 compared to 725 in 2020/21. The majority of concerns related to timeliness of the Trust's response and a breakdown is provided below of the top five concerns:



43 cases were referred to the Public Service Ombudsman Wales (PSOW) and 15 cases remain currently open as follows:

- Eleven cases are with the PSOW's office for consideration and/or investigation;
- Two cases have been returned to the Trust to undertake further work, to complete an early resolution without the need for a full investigation by the PSOW;
- One case is at the draft report stage, where the Trust has accepted the content of the draft report, which does not uphold the complaint against the Trust; and
- One case has been received, but not yet actioned by the Trust (this is a request for sight of the complaints file).

The majority of the issues raised with the PSOW relate to timeliness of ambulance response.

The Trust received two Regulation 28 (Prevention of Future Deaths) reports during 2021/22. One case relates to the timeliness of response and the second case

relates to assessment and prioritisation of the call. The Trust has developed improvement plans in response to both cases and shared these with the respective Coroners.

A multidisciplinary panel is in place that meets on at least a weekly basis to review and discuss incidents to ensure appropriate investigations are undertaken. The Trust frequently undertakes joint investigations with health boards' colleagues to ensure the investigation and subsequent learning and improvements cover the whole of the patient pathway.

Learning and improving from incidents/events is discussed in the Patient Safety and Experience Monitoring and Learning Group with oversight from the Quality, Patient Experience and Safety Committee, which is a sub-committee of the Trust Board. Some examples of learning and improvements include:

- Sharing of clinical practice notices;
- Updates to education and training programmes;
- Improvements in clinical pathways;
- Improve conveyance communication around pre-alert; and
- Improvements to clinical documentation and roll out of an electronic patient care record (ePCR).

The Trust's Patient Experience & Community Involvement (PECI) Team remains committed to its programme of continuous engagement with our people and communities, allowing it to provide information and supporting evidence to relevant forums about people's experiences and expectations of services delivered by the Trust.

Through this engagement the Trust has also been able to feedback to communities about how their experiences have been shared and what difference their voices have made.

We use different ways to collect service user feedback and experience which includes community engagement work, social media activity and our involvement in public health. Some examples of our work this year and feedback includes:

What was good?

The Trust's 'Blue Light Hub' app continues to be recognised as an innovative way to engage with young people about using 999 services.

- *This recognition resulted in nationwide coverage about the app when the Trust was invited to appear on Crime Watch live on BBC One. This coverage helped boost app downloads and highlighted the importance of children and young people being confident to access the right service in an emergency.*

What could be improved?

The Trust was challenged by a visually impaired member of the public to create more accessible resources which support our Cardiopulmonary Resuscitation (CPR) and First Aid messaging.

- *This challenge has been duly accepted and we have started the process of speaking to sensory loss organisations about how they feel this information should be delivered, with an aim of developing customised resources for this community.*

In Wales, 80% of cardiac arrests occur in the home, so knowing what to do and being familiar with CPR and how to use a defibrillator can improve the chances of survival for a loved one. Throughout February 2022, the Trust ran the annual month-long #Defibuary Twitter campaign that raises awareness about CPR and defibrillators.

This year the campaign aimed to familiarise people with the symptoms of a heart attack and cardiac arrest, know how to treat these two different emergencies by equipping people with skills and confidence through a specially developed Welsh Ambulance Service video demonstrating how to perform effective CPR and use a defibrillator. The video was shared extensively through the Trust's social media platforms and was viewed over 3,500 times.

The Trust's continued engagement with the public is important to ensure ongoing conversations on what it is doing and why, especially during this continued period of time when the Trust is experiencing increased demand and is at high levels of escalation.

The Patient Experience and Community Involvement Team participated in a three-day online event around co-production in mental health services, which included local, national and international speakers, workshops and creative activities. The co-production of a Mental Health Helplines leaflet developed by the Trust and the Cardiff and Vale Mental Health Forum, has been held up as an example of good practice.



As COVID-19 restrictions begun to ease, the Trust has been able to resume some face-to-face engagement in the community, through a blended approach which incorporates some online engagement sessions to promote key messages is how the Trust foresees itself working for the near future. This blended approach will ensure it:

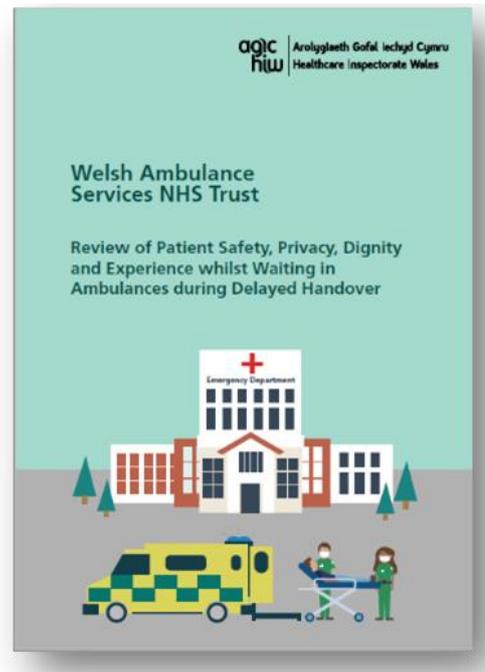
- Continues to remain visible in communities and build community trust;
- Supports people to make informed decisions on access to health care services;
- Informs people on what the Trust is doing to ensure they receive good/safe services; and
- Builds a repository of feedback and experiences to influence service plans.

The Safeguarding Team continues to provide assurances that the Trust fulfils its legislative and statutory responsibilities in relation to safeguarding children and adults, ensuring that the well-being of children and adults are at the heart of everything it does.

During 2021/22 the Safeguarding Team have:

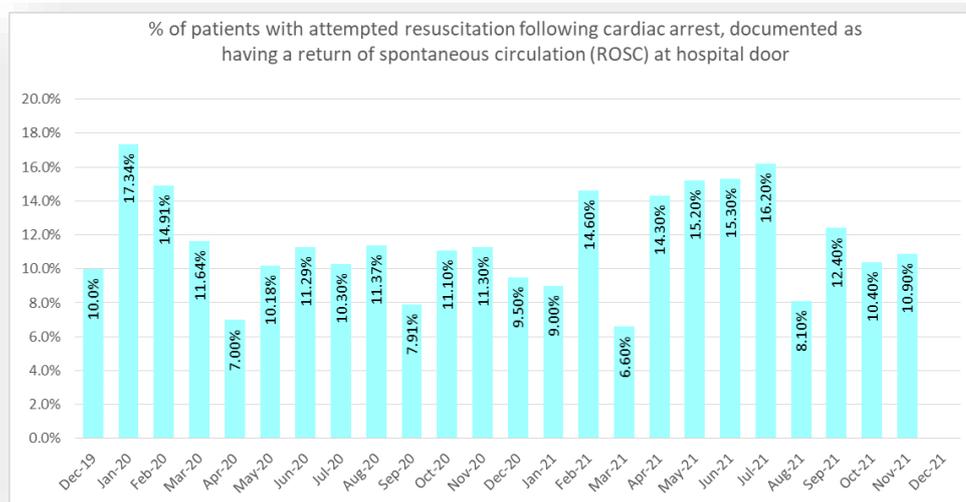
- Noted an increase in safeguarding reports submitted by Trust staff through the Docworks electronic safeguarding reporting system, both through iPads and desktop facilities;
- Expanded the functionality of Docworks to include a new referral pathway with all three regions of the Fire and Rescue Service across Wales. This enables staff to identify fire safety hazards within a patient/service user's home environment;
- Digitalised the Live Fear Free Referral Pathway to the Live Fear Free Helpline through Docworks, which helps to support victims/survivors of domestic abuse, domestic violence and sexual violence; and
- Developed Trust specific seven minute briefings to disseminate key safeguarding messages and learning in relation to safeguarding practice.

Healthcare Inspectorate Wales is the independent inspectorate and regulator of healthcare in Wales. An inspection of the Trust was undertaken covering the period April 2020 to 31 March 2021. The report 'Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover' was subsequently published in 2022. The report includes all emergency departments across Wales and includes a number of recommendations.



Following publication of the report the Emergency Ambulance Services Committee recently set up a task and finish group chaired by the Deputy Chief Ambulance Services Commissioner to respond to the recommendations. The membership of the group includes clinical and operational representatives from each of the seven Health Boards, representatives from the Trust and Welsh Government.

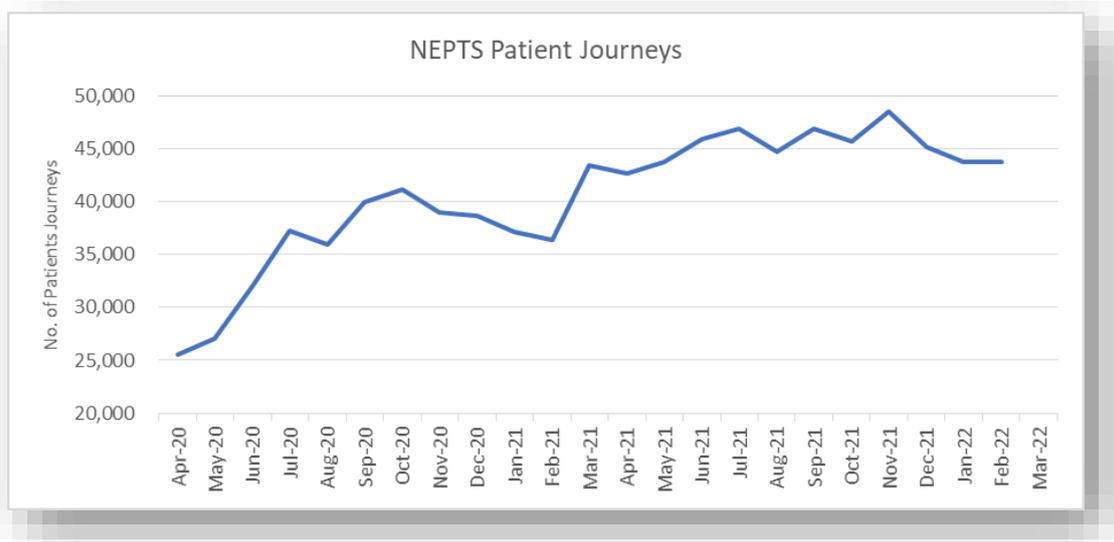
One of the clinical outcomes the Trust measures is the percentage of patients who have return of spontaneous circulation, and this remains lower than the Trust would want at 12.9% for the period April 2021 to November 2022, albeit an increase from 10.0% compared to the same period in 2020/21.



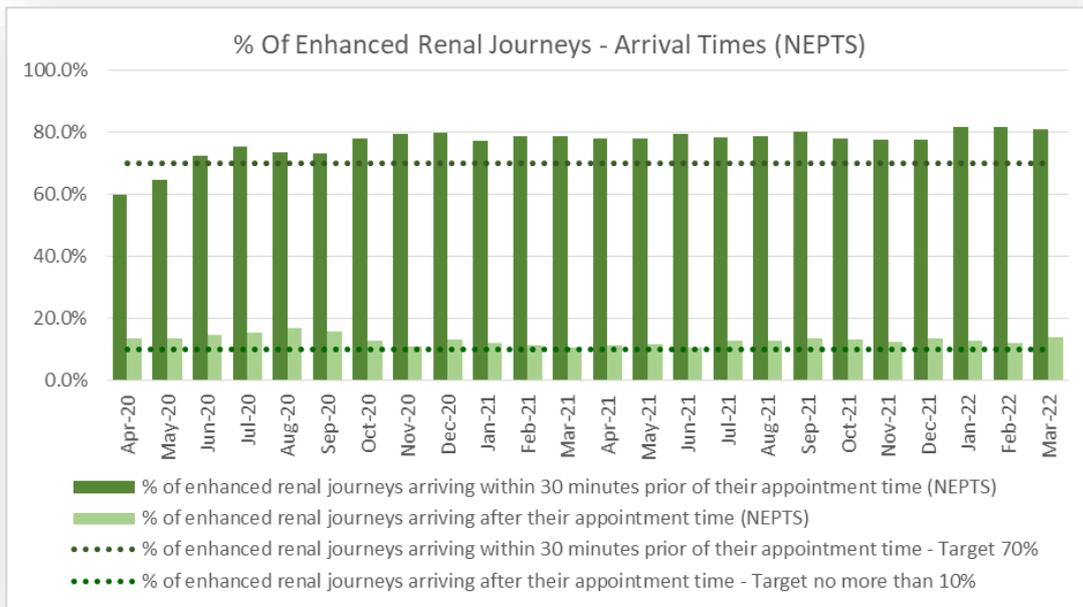
Whilst there are many factors outside of the Trust's direct control, it has developed a new service proposal, the Cymru High Acuity Response Unit (CHARU), to improve outcomes in this area, but this proposal is currently not funded. The deployment of the senior paramedic role is well underway through which it is expected to improve clinical oversight and leadership, uplifting clinical capability amongst the Trust's emergency medical services workforce.

Of the other seven clinical outcomes the Trust measures, four of the outcomes achieved the 95% target in the period April 2021 to November 2022. During this period, the ones that did not meet targets were: the percentage of older people with suspected hip fracture who are documented as receiving appropriate care bundle (including analgesia) at 88.2%; the percentage of ST segment elevation myocardial infarction (STEMI) patients who are documented as receiving appropriate STEMI care bundle at 78.6%; and the percentage of hypoglycaemic patients who are documented as receiving the appropriate care bundle at 89.6%.

In relation to the Trust's **Ambulance Care**, demand has not recovered to pre-pandemic levels. Whilst renal and oncology demand has been stable, outpatient demand is down and discharge and transfer variable. A further consideration for Ambulance Care is that social distancing reduces the number of patients who can be conveyed per journey. The total number of non-emergency patient journeys undertaken in 2021/22 was 497,570, compared to 433,524 in 2020/21 and 670,353 in 2019/20.



This has impacted on transport capacity and led to in-year investment of £2m as part of winter planning, which ceased on 31 March 2022. As a result, the quality of the service as measured through the various arrival/collection times indicators has been more stable with in-bound renal performance being achieved in every month in 2021/22. 79.1% of renal journeys arrived within 30 minutes prior of their appointment time (target 70%) and 12.6% of renal journeys arrived after their appointment (target no more than 10%) in 2021/22.



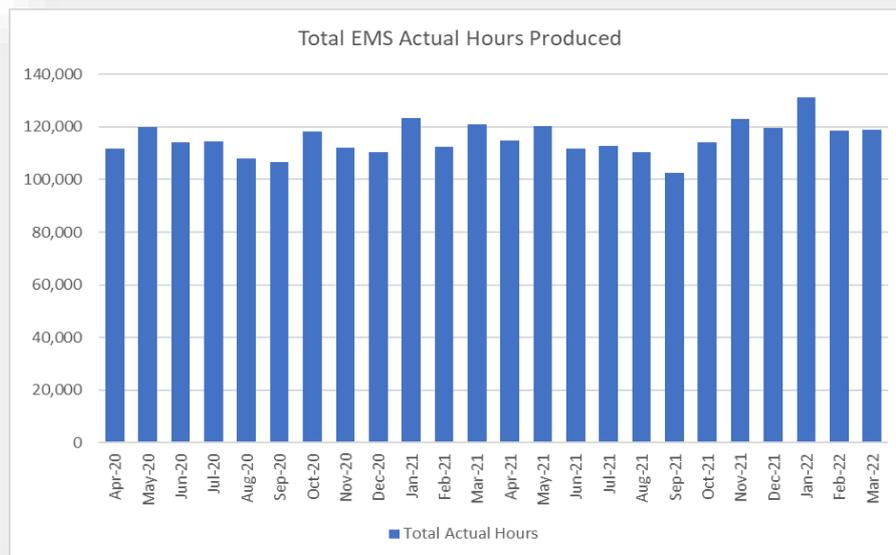
Discharge and transfer journeys also achieved the 70% target with 80% of journeys collected less than 60 minutes after their booked ready time.

Oncology performance remains off target with 55.1% of oncology journeys arriving within 30 minutes prior to their appointment time. This is recognised as an area of difficulty within the NEPTS Demand and Capacity Review, which is being considered further through the Ambulance Care Transformation Programme.

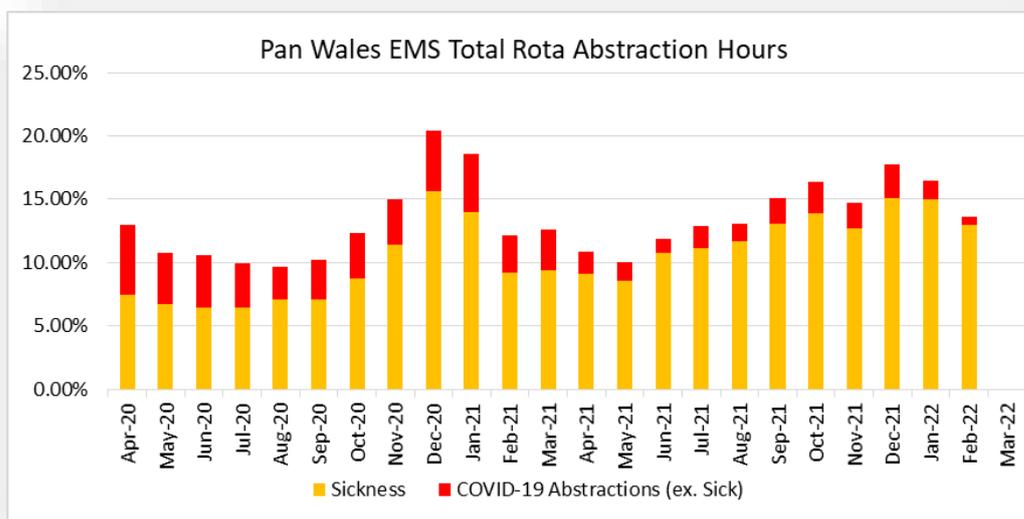
1.4.4 Our People

In relation to the Trust’s workforce, the indicators reviewed at Board relate to whether the Trust has the right workforce capacity in place to meet demand, how the Trust is keeping staff safe and well, and how they are being developed. More detailed and numerous indicators are also considered at the People & Culture Committee.

In relation to the Emergency Medical Service (EMS), the EMS Demand and Capacity review in 2019 determined the required capacity to respond to demand based on a 30% abstraction assumption, with levels of investment provided by EASC to increase whole time equivalents (WTEs) by 263 over two years. The Trust achieved 204 WTEs against this relief gap target, but also recruited 36 Paramedics into the Clinical Support Desk and five mental health professionals. This is a significant milestone for the Trust that will bear fruit in the medium term; however, as the graph below demonstrates, despite having more staff in post, the Trust has not been able to produce many more hours, other than in the last quarter because of military aid. In 2021/22, 1,398,128 hours were produced compared to 1,372,175 hours in 2020/21.



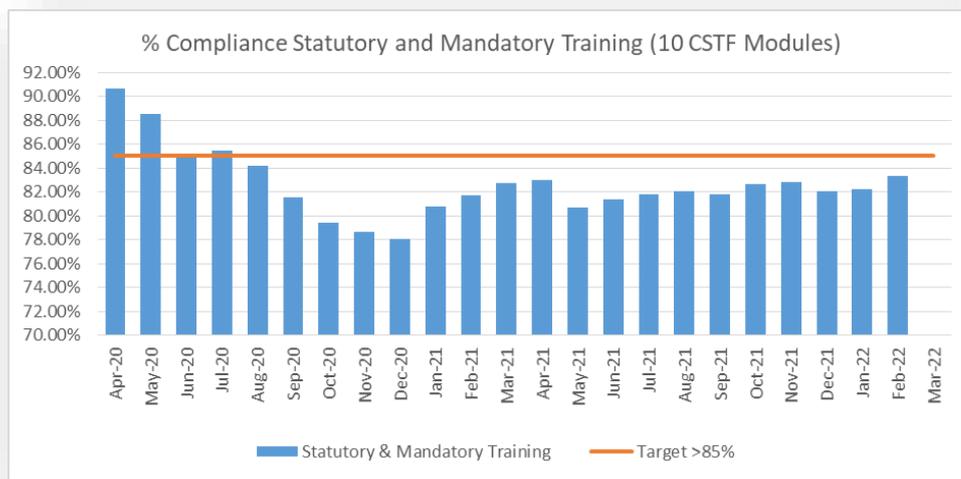
A key factor in the Trust’s ability to ensure capacity to meet the demand is the impact of abstractions, and this also provides an indicator of our people’s well-being. The significant impact of the last two years on our people at all levels in the Trust cannot be underestimated. To support the workforce there has been an ongoing focus on wellbeing activities across all areas of the Trust including those in frontline and support roles. Despite this, sickness has remained one of the key causes for rota abstraction. The graph overleaf shows the levels of abstraction due to sickness and due to COVID-19 factors. In 2021/22, 12.2% of abstractions were due to sickness and 1.7% were due to COVID-19.



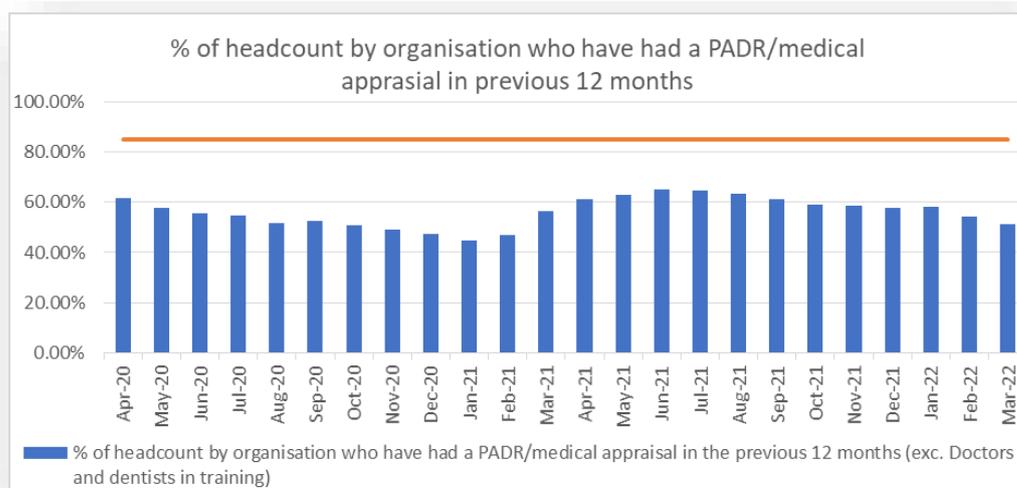
Similar pictures are seen in 111 and Ambulance Care, with a 14% abstraction due to sickness in the 111 service in 2021/22. The Trust knows that this will need to be a major focus of its plan going forward. The full sickness rates can be found within the Accountability Report.

Other indicators of how the Trust is keeping its staff safe and well include vaccination rates and statutory/mandatory training levels. As of 31 March 2022 95% of patient facing staff have received a COVID-19 booster vaccine, 94% are double jabbed and 85% have received their booster; however, the flu vaccination level for the Trust was 41% and whilst flu has not significantly affected the Trust this year, the aim is to increase the figure going forward.

In March 2022 Statutory & Mandatory Training rates had not achieved the 85% target overall with the completed level at 84.2%. It is worth noting that sustained and prolonged periods at high escalation (REAP 3 and REAP 4) levels, meant that front line delivery has been prioritised which would have had an impact on these metrics. The Working Safely Transformation Plan sets out to improve this.



In terms of staff development, the Trust reviews levels of Personal Appraisal and Development reviews (PADR) as the best way of representing development at a high level, and in March 2022 levels remained largely static at 51.5%. They continue to remain below the 85% target, despite a revised 'lite' approach during the pandemic.



1.4.5 Finance & Value

The Trust reviews a number of indicators which aim to demonstrate how it provides a service in line with statutory financial duties, and of high value and efficiency. This area of the performance report will be strengthened over time as the value based health care programme continues.

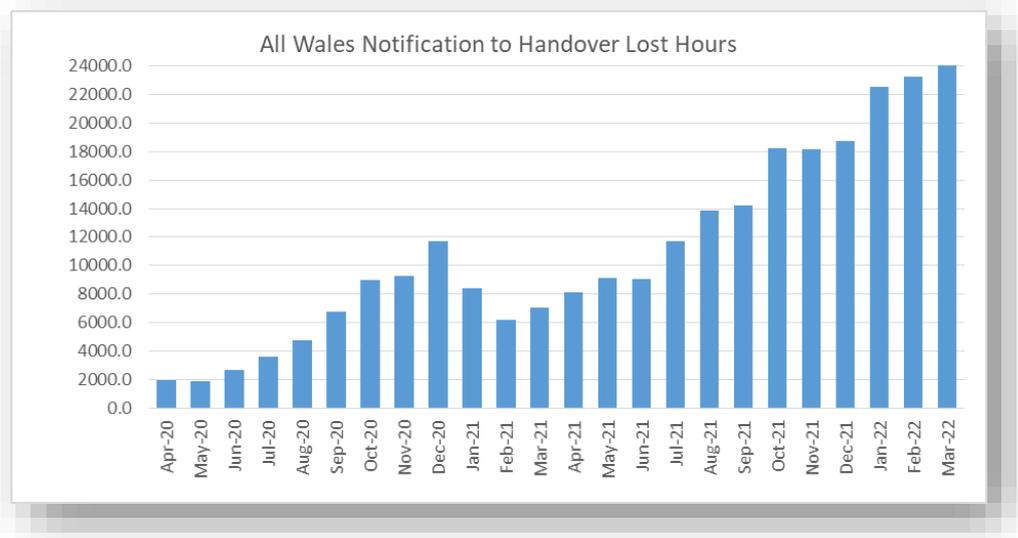
The Trust achieved financial balance in 2021/22, with a small revenue surplus of £0.075m and met its statutory duty to breakeven during this financial year. Further information can be found in the Trust’s annual accounts and financial statements.

In relation to the value and efficiency of its service, the Trust developed in the last year, a utilisation measure for the EMS service, which it is working on with commissioners to make best use of it both as a tool to review retrospective performance, but also to look ahead, forecast performance and take mitigating actions where necessary.

The Trust measures the number of hours that are lost post production as these potentially indicate areas where efficiency could be improved. There are many legitimate reasons for crews needing to stand down post production and the Trust benchmarked well on Post Production Lost Hours (PPLHs) in the 2019 EMS Demand & Capacity Review with the exception of return to base meal breaks. Some concerns were raised about the accuracy of the data which are currently being resolved.

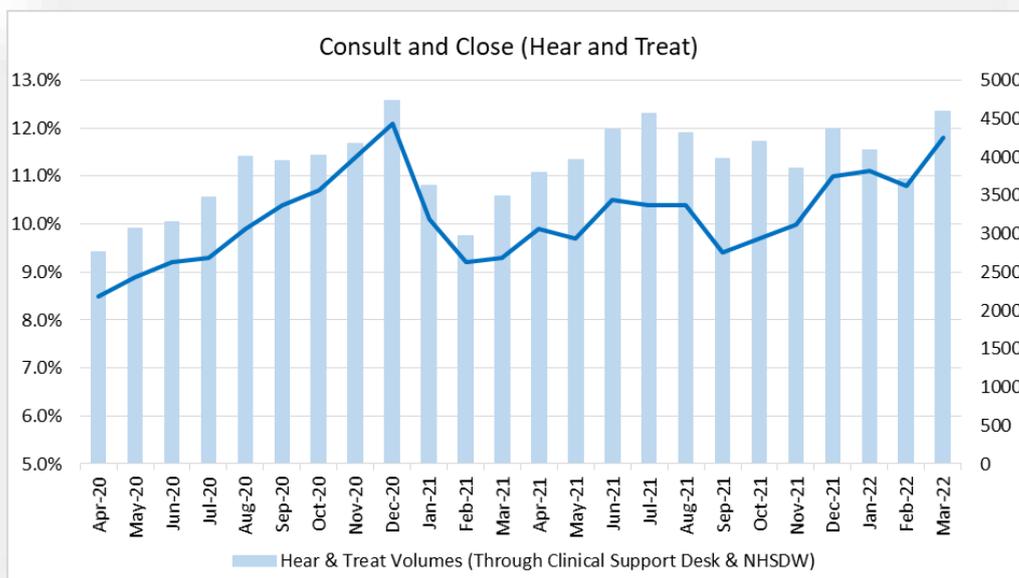
1.4.6 Partnerships & System Contribution

The Trust aims to consider both its impact on the wider system, but also the wider system’s impact on its service. Handover lost hours were already extremely high and Wales was an international outlier before the pandemic. The levels seen this winter were unprecedented. In March 2022 the Trust lost over 24,000 ambulance hours, equivalent to 48,000 people hours or 4,000 twelve hour shifts. This position has worsened month on month throughout 2021/22 with a total of 191,214 ambulance hours lost.



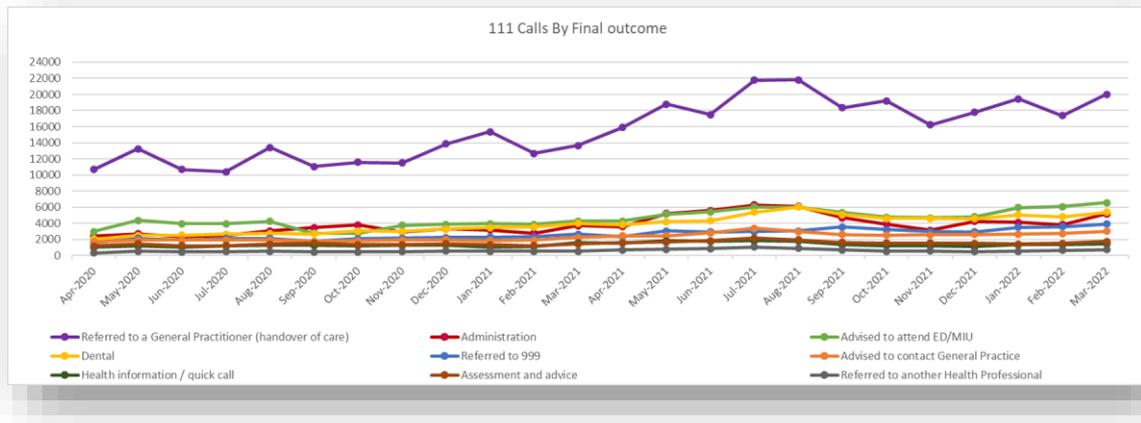
The Trust is aware that Health Boards are introducing urgent and emergency care escalation frameworks, and that there has been strong messaging from Welsh Government and the Minister for Health & Social Services that this must be tackled as a matter of priority; however, given the scale of the challenge and its links to wider system pressures, the Trust is having to plan on the basis that these levels will remain high for many months which is beyond its control, but these extreme levels will continue to cause significant patient harm. The six goals policy handbook sets out an expectation of no handover being longer than an hour by 2025.

The Trust is committed to transforming its services to become more sustainable, to get patients to the right service, in the right place, every time, and to reduce the reliance on emergency departments as the default location for definitive urgent and emergency care. One of the areas where the Trust already supports the system in reducing demand is in consult and close (previously known as 'hear and treat') through the work of the Clinical Support Desk (CSD) and 111. In 2021/22, 10.4% of calls were ended following telephone assessment through CSD and 111.



The CSD has expanded this year to include an additional 36 WTE paramedics and five WTE mental health practitioners, although it must be noted that the lack of funding for the 36 WTE uplift has meant that the Trust has had to hold open 46 vacancies in the EMS response workforce. The 2019 EMS Demand and Capacity review benchmarked a consult and close (previously hear and treat) rate for the Trust of 10.2%, which was achieved in 2021/22, and with the expansion as described, the Trust is developing a trajectory to 15% in 2022/23. The Trust also monitors its 'see and treat' rates which have broadly remained static. The Trust's ambition, articulated through the 'inverting the triangle' work it has been doing, again is to increase this shift left activity.

In relation to the Trust's 111 service, one of the success factors for NHS 111 Wales is getting the patient to the right service, first time. At the moment, the Trust measure outcomes in terms of where patients are directed, but further work is required to identify whether these are the most appropriate and best outcomes.



1.4.7 Infection Prevention & Control (IPC)

The IPC Team continues to balance COVID-19 work demands along with emerging business as usual activities.

Successful recruitment took place in October 2021 increasing the IPC establishment to four WTE staff. This is an important step for the Trust both in terms of resilience and succession planning.

A main project within the IPC Team over the last year has been to improve fit testing within the Trust. Fit testing is a series of steps used to determine the suitability of a respirator mask for a specific user, as each respirator model will fit on the face of a user differently and mask fit testing helps to assure the best and safest fit. The two new members of the team are now certified by the British Standards Institute as competent fit testers, required by Health and Safety regulations; consequently, the process of fit testing within the Trust has been updated to comply with the required standards. Over several months fit testers currently performing this role within the Trust have been quality assured by the IPC team and the Electronic Staff Register (ESR) of fit testers updated. In addition, all documentation and training has been updated and are reflected in both the Fit Testing and Respiratory Protection Standard Operating Procedures.

Guidance for COVID-19 has changed many times over the last year and the IPC Team have ensured that these changes have been communicated and kept up to date to ensure the safety of staff and patients.

The IPC post pandemic plan includes:

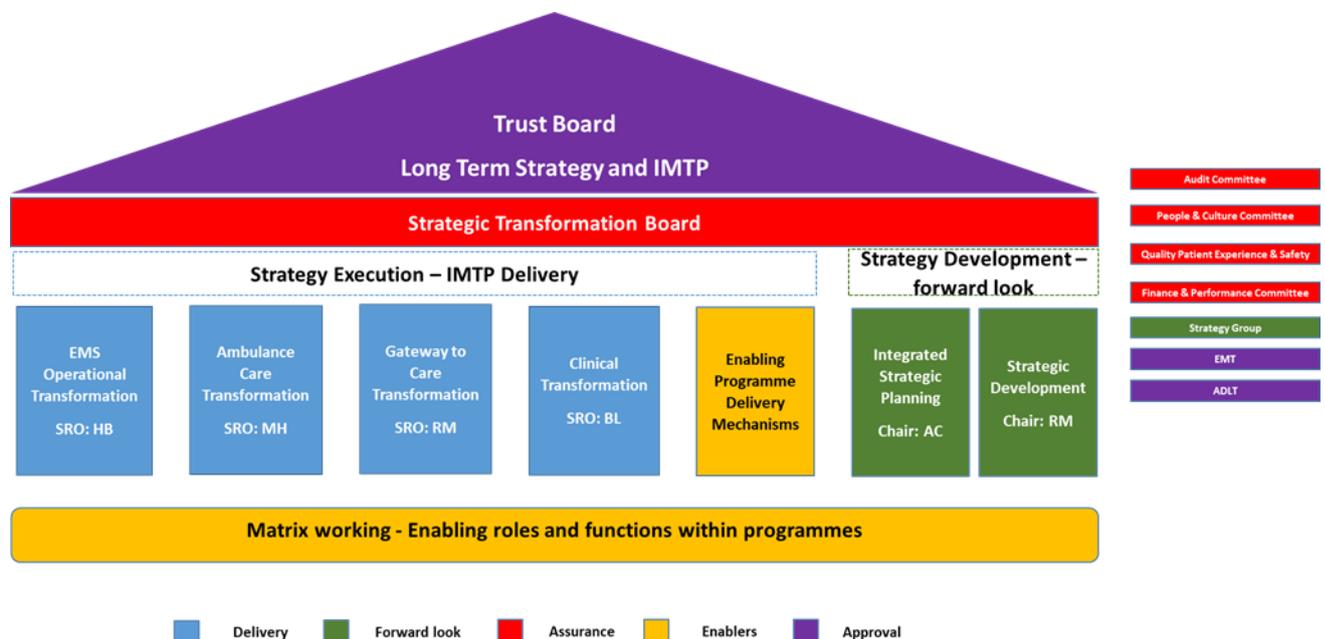
- The reintroduction of the IPC Governance Structure, with a new membership and terms of reference for the IPC Strategic Group;
- Policy Updates;
- A review of all Standard Operating Procedures;
- A review of guidance documents for business as usual;

- A review of standards for hand washing, bare below the elbow, premise and vehicle cleaning standards;
- IPC risk assessment;
- Education and Training based on the new framework recently published by Welsh Government; and
- Audits namely premises, vehicles and standard IPC practices, this will include updated audit tools.

Over the course of the pandemic IPC has remained centre stage for many actions and it is important that appropriate and necessary standards are maintained when returning to business as usual activities, the IPC team will reinforce these standards by promoting safe, clean care and visible leadership throughout the Trust to support staff and managers.

1.4.8 IMTP Delivery

The IMTP is delivered through its core services transformation programmes and enabling workstreams which report into the Strategic Transformation Board (STB). STB continued to meet regularly (every six weeks) during the ongoing pandemic response and recovery, delivering significant transformation in spite of the increased pressure across the urgent and emergency care system.



The infographic overleaf shows the extent of delivery across the planned and emergent projects throughout 2021/22.

IMTP Deliverables 2021/22

<p>EMS Recruited an additional 127 WTE to achieve fully staffed rotas in 2022/2023</p> <p>Official launch of South Wales Major Trauma Network</p> <p>Appointed the Trust's first National Volunteer Manager</p> <p>Developed the concept of CHARUs</p> <p>Duty Operations Manager and Senior Paramedic roles recruited into</p> <p>Creation and recruitment of the UK's first rotational Palliative Care Paramedic role</p> <p>Worked alongside Military, St Johns and Fire & Rescue colleagues</p>	<p>AMBULANCE CARE</p> <p>Positive evaluation of The Grange University Hospital transfer service</p> <p>Creation of the NEPTS Quality Framework and QA Award</p> <p>NEPTS Demand & Capacity review completed</p> <p>Completion of all transfers of work into WAST, making WAST the sole provider of NEPT services across Wales</p>	<p>NHS 111 Wales service successfully rolled out in CTMUHB and BCUHB</p> <p>Health Board GPs now accessing C3 stack to triage patients (PTAS)</p> <p>Recruitment of the first 111 Consultant Clinician and Senior Clinical Specialists</p> <p>Contract awarded to replace the CSD triage tool with a fully digital integrated system (ECNS)</p> <p>Recruited 36 CSD Clinicians</p> <p>GATEWAY TO CARE</p> <p>Additional Call Handlers recruited to reduce call waits and abandonment rates</p> <p>Working collaboratively with partners on the implementation of 111 as a single point of access for Mental Health Crisis Response</p>
<p>Delivered multi-agency JESIP training to Operational/Tactical Commanders</p> <p>Supported increased activity related to COVID-19 through various pandemic management structures</p> <p>RESILIENCE</p> <p>Operational, Tactical and Strategic Command training completed following Operations Directorate restructure</p> <p>Implemented online training via OnClick for major incidents and Loggists</p>	<p>CLINICAL TRANSFORMATION</p> <p>MEDICAL/CLINICAL Just In Case Medicines approved for every emergency vehicle</p> <p>12 Independent Prescribers now operational</p> <p>2020-2025 Clinical Strategy approved</p> <p>Over 85% of frontline Clinicians completed major trauma e-learning module</p> <p>Appointed a Consultant Paramedic</p> <p>Graduation of 23 Advanced Paramedic Practitioners</p> <p>4 new Palliative Care Paramedics working across Communities in SBUHB</p>	<p>2020-2025 Environmental Strategy approved</p> <p>Fleet and Estates forward plans approved by Trust Board and endorsed by Welsh Government</p> <p>Re-profiled Fleet in alignment with EMS Operational Transformation</p> <p>Vehicle procurement BJC endorsed by Welsh Government</p> <p>Reduced tail pipe carbon emissions</p> <p>INFRASTRUCTURE</p> <p>Opening of Minaeron Ambulance Station (Aberaeron)</p> <p>Additional Estates capacity to support growth in EMS delivered</p> <p>Relocated Cefn Coed staff from site, ready for disposal</p> <p>Blackweir Operations staff relocated to Cardiff Ambulance Station</p>
<p>OUR PEOPLE</p> <p>Relocation of Education & Training to our immersive learning environment at Matrix House</p> <p>Virtual Crew Rooms: TASC facilitated virtual spaces to meet with colleagues</p> <p>Mind over Mountains collaborations: walking and talking in beautiful Wales</p> <p>Establishment of Allyship Programme to promote inclusion</p> <p>Wellbeing dog visits for staff</p> <p>Renewed our Behaviours Framework</p> <p>Provision of centralised learning resources available to staff</p> <p>Live Life to the Full: group sessions to promote own wellbeing and coping skills</p> <p>Road to Recovery Group established to support #TeamWAST colleagues with long Covid and chronic conditions</p> <p>Project Zen: Wellbeing space created, to relax and recharge</p>	<p>QUALITY/NURSING</p> <p>Mental Health and Dementia Plan completed and approved by the Board</p> <p>Contract for Level 1 Falls in place and established</p> <p>Roll out of National Falls Refresh</p> <p>57 symptom checkers now live</p> <p>IMPROVING PATIENT QUALITY</p> <p>Sign Language interpreters now present during Trust Board</p> <p>Introduced 'Recite Me' into 111 website, enabling translation of text into over 100 languages and 35 text to speech voices</p> <p>The Trust is an Employers for Carers organisation</p>	<p>CORPORATE</p> <p>New Operations Directorate structure now in place</p> <p>Appointed first ever Director of Paramedicine to the Trust Board</p> <p>Establishment of Transformation Programme Structure</p> <p>Developed Quality and Performance management Framework</p> <p>PLANNING</p> <p>FINANCE</p> <p>Achieved financial balance and £16m Capital Expenditure Limit</p> <p>Delivered £2.8m in savings</p> <p>PARTNERSHIPS & ENGAGEMENT</p> <p>111 telephony platform upgraded</p> <p>Improved efforts to provide information in both Welsh and English</p> <p>Now a member of 5 Regional Partnership Boards. Invitation received from Powys RPB in 2021/2022</p>
<p>National roll out of the ePCR</p> <p>Wholesale redevelopment of the national 111 website</p> <p>Mobile Data Vehicle Full Business Case was approved</p> <p>111 telephony platform upgraded</p> <p>DIGITAL</p> <p>Successful awarding of over £2m funding to accelerate digital transformation</p>		

1.5 Delivering in Partnership

Strong and effective partnerships remain critical to the overall success of the Trust, something which continues to have been keenly evidenced through a further pandemic year in 2021/22.

While 2020/21 was a year in which the Trust needed to break new partnership ground, given the unprecedented challenges being faced, 2021/22 was one where many of those newer relationships began to be consolidated, while more established relationships continued to be a mainstay of its partnership work.

During 2021/22, the Trust welcomed support once again from military colleagues to help us maintain the delivery of its services in the face of extreme pressures, both in terms of demand and the availability of adequate staffing to meet those demands.

The Trust were delighted to be able to reinstate the work of its Community First Responders mid-year, as well as its co-responders in Mid Wales Fire and Rescue Service.

Throughout the year, the Trust has worked closely with a range of partners and stakeholders, some of them well-established, but some more recent, to ensure that the service could continue to maintain its services to patients while maintaining the safety of our people, as Wales remained in the grip of COVID-19.

The Trust also continued working with partners in UK government on the running of mobile testing units and with its established third sector partners, St John Ambulance Cymru.

2021/22 also saw the Trust take some significant steps towards gaining University Trust Status, which will help us redefine its relationships with higher and further education as it moves forward into the post-pandemic era, and everything that this will mean in terms of workforce, service configuration, harnessing technology, optimising opportunity for our people and the quality of services it provides to the people of Wales.

In an unprecedented emergency such as that posed by COVID-19, it would be simply unsustainable to work unilaterally. So much of what has been achieved during the last couple of years has been down to brilliant people, across so many different organisations, coming together to do brilliant and innovative things when the situation could not have been more serious – a real testament to the power of people and partnerships to move mountains.

And while the Trust continued to make a full contribution as members of statutory bodies like Regional Partnership Boards, the real power of partnership has been seen in so many of our people, working with its Trade Unions, coming together across the Trust to work much more laterally to create innovative solutions.

As the Trust moves forward into what it hopes will be a sustained phase of recovery and redefinition, the key will be to ensure that those relationships and partnerships are sustained and become embedded into its ways of working.

1.6 Workforce Management & Well-being

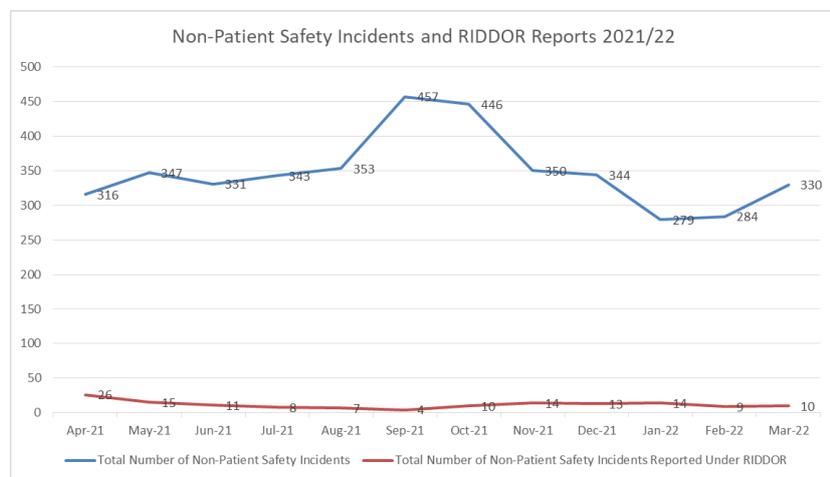
1.6.1 Staff Well-being

The Trust has continued to build on its strong focus toward the well-being of its staff. 2021-2022 has continued to see an increase in the size of the Occupational Health and Wellbeing Team. This has seen an expansion in the team in North Wales to ensure that the service provided is equitable in all areas of Wales. The plans contained in the Health and Wellbeing Strategy 2020-2024 have continued to move forward, and staff are now able to access Wellbeing apps in both Welsh and English, 24 hour access to an Employee Assistance Programme provider and access to an in-house psychologist undertaking psychological interventions for severe and complex mental health referrals/complex post-traumatic stress disorder, as well as providing education opportunities for paramedic students and staff. Drop in sessions with 111/CCC staff, various online workshops around psychological and physical issues are delivered and the Women's Health Group and the Road to Recovery Long COVID Group continue to provide positive support for specific staff groups.

The Trust has worked with the Association of Ambulance Chief Executives on reducing suicide risk and increasing awareness and established a peer support network with supervision, which is growing. Wellbeing is now integrated into leadership development and training courses and manager's consultation sessions for issues relating to mental health and wellbeing of staff or themselves have been set up. Leadership Development has recommenced after being paused until 2022.

1.6.2 Health & Safety

2021/22 continued to be a challenging year for the Trust in regard to ensuring the health, safety and welfare of its staff. This was due to the ongoing requirements due to the COVID-19 pandemic and the increase in demand on its staff during the winter period.



During the year there were 4,180 Non Patient Safety Incidents recorded by the Trust's staff, the two highest incidents recorded were for issues surrounding meal breaks and shifts as well as violence and aggression incidents where no physical injury was recorded. Of the Non Patient Safety Incidents recorded 141 incidents were reported to the Health and Safety Executive (HSE) under the Reporting of Injuries, Disease and Dangerous Occurrences Regulation 2013 (RIDDOR). Of these incidents the highest numbers were recorded for moving and handling patients as well as slip, trip and fall incidents.

The adjustments made to the RIDDOR reporting process made in the 2020/21 financial year has resulted in improvements in the timely reporting of incidents to the HSE; however, further improvements are being investigated as the current performance is still outside of the reporting requirements set by the HSE.

Resource within the department continued to be a challenge throughout the year with staff being recruited on temporary contracts whilst a business case was created setting out the staffing requirements for the Health and Safety Department to meet the current and future demands of the Trust. During the year many of the duties required of the Health and Safety Team have been fulfilled by staff either recruited or seconded to the Working Safely Programme.

Throughout the year there has been the continual need to support areas with the workplace risk assessments required as a result of the COVID-19 pandemic. The risk assessment template has seen two revisions to aid the quality of the assessments and these have made a positive impact on Trust premises. The completion rate for the first revision was 100%, whilst the completion rate for the second revision is high the Safety Team are assisting the areas where there are questions outstanding.

The last quarter of the year saw the introduction of COVID-19 Champions in a number of the Trust premises with volunteers assessing the COVID-19 controls in place for the buildings and engaging in positive safety conversations with individuals regarding person behaviours.

The Working Safely Programme "Pump Prime" phase started in October 2021 with the aim of delivering a range of safety products to improve the safety performance and culture across the Trust. By January 2022 the roles required for this phase of the programme were filled with a mix of individuals on fixed term contracts and staff seconded as Staff Officers.

The governance arrangements for the programme have been established with the setting up of a Dynamic Delivery Group to steer the progress of the products being developed and the establishment of the Strategic Programme Board to ensure the programme delivers on its IMTP requirements.

To date the programme has delivered a number of different products such as an improved Display Screen Equipment and risk assessment process for the Trust that will be implemented during the 2022/23 financial year.

1.6.3 COVID-19 Vaccination

In August 2020, the Chief Medical Officer commenced system planning for the delivery of vaccinations in accordance with Joint Committee on Vaccination and Immunisation guidelines; arrangements were agreed for the Trust's people to be vaccinated by the Health Board in which they reside. This continued throughout 2021/22 and as of 31st March 2022, 95% and 94% of front line staff had received their first and second vaccinations respectively, and 85% had received their booster vaccination. The Trust is indebted to the seven population serving Health Boards and Velindre University Health Board who have provided this service to and for the Trust's people.

1.6.4 COVID-19 Staff Fatalities

There were 1,022 reports of staff members testing positive for COVID-19 during the 2021/22 financial year thankfully no staff died as a result of the infection.

1.6.5 Workforce Planning

Workforce planning continues to play a key role in the Trust's ability to achieve its strategic objectives. The last few years have seen close working with its colleagues in education, planning and with key stakeholders both within and without the whole organisation to ensure availability of fully trained and capable staff working at their optimum to ensure positive patient experience. This year saw continuation of recruitment and training activity following on from the EMS Demand and Capacity Review. This has resulted in the numbers below being added to the total workforce.

Significant recruitment activity took place during 2021/2022 for almost 700 hires, including:

- over 120 hires for the EMS;
- over 80 hires for the EMS Coordination service;
- over 220 hires for the 111 service; and
- over 150 hires for the Ambulance Care directorate.

The Trust also received the following support from its volunteers:

- Volunteer Car Service Drivers: Twelve new drivers & 22 returned to service;
- Community First Responders: 36 new Community First Responders; and
- Alternative responders: Eleven Fire Stations in Mid Wales & West Fire Rescue Service online for Out of Hospital Cardiac Arrest & Non-Injured Falls.

The resultant change in workforce numbers is reflected in the Accountability Report contained within this Annual Report.

1.7 Decision Making & Governance

1.7.1 Trust's Governance & Accountability Framework

Details on the Trust's governance and accountability arrangements are set out in the Accountability Report contained within this Annual Report.

1.7.2 Ambulance Commissioning

A key aspect of the Trust's accountability and governance is that the Trust is a commissioned service for EMS and NEPTS. The commissioning is undertaken by EASC, on behalf of Health Boards, who are also supported by the CASC and the National Collaborative Commissioning Unit. EASC, and its supporting committees, have continued to meet through the pandemic period, with one or two exceptions during periods of maximum escalation. Similarly, the monthly CASC Assurance meeting has continued to function through most of 2021/22, again with one or two exceptions for maximum escalation periods. Right through the pandemic period the Trust has maintained its weekly dialogue with the CASC on quality, performance, governance and financial commitments.

The Trust has received financial support from EASC during 2021/22, in particular:-

- Five WTE mental health practitioners, again into the Clinical Support Desk;
- 81 WTEs (in addition to the 136 WTEs in 2020/21) towards closing the relief gap for the EMS response workforce; and
- A range of in-year mitigations to support tactical seasonal plans, including funding for patient cohorting at a number of emergency departments, additional support for the Ambulance Care service (which includes NEPTS) and the procurement of St John Ambulance Cymru support.

EASC sets the Trust a range of "commissioning intentions" linked to the funding package, what is referred to as the "resource envelope". The Trust provides a "Provider Report" to every EASC meeting and also more detailed information to its sub-committees. The Trust has made good progress on the 2021/22 commissioning intentions and reported its progress on the 2021/22 commissioning intentions to the 21 April 2022 EASC Management Group.

Further information on EASC and the Trust can be found [here](#).

The Trust continues to operate a collaborative and open style of working with the CASC and his team.

1.7.3 Well-being of Future Generations (Wales) Act 2015

Whilst the Trust is not one of the 44 organisations named in the Well-being of Future Generations (Wales) Act 2015, the Trust has a long-standing commitment to working within the spirit of the act.

The Trust's focus on collaboration and on making decisions which are sustainable continues to be evidenced by its commitment to working in partnership with a range of organisations.

More particularly in 2021/22, the Trust has focused on the further development of its long-term strategy, which will be framed around the sustainable goals as it looks to "invert" its services and deal with many more patients either by remote or on-scene triage, treatment and referral.

Similarly, whilst the Trust does not participate in Public Service Boards, it is now a member of five of seven Regional Partnership Boards (RPBs) (or their subsets), having added Powys RPB to the list in 2021/22.

The Trust's membership provides positive opportunities for further long-term strategic alliances which will deliver benefit for our patients and communities more broadly as it moves forward.

2021/22 saw the launch of Welsh Government's "Six Goals for Urgent and Emergency Care" as part of the Programme for Government, which reflects the tenets of the Well-being of Future Generations Act.

As the Trust moves forward into 2022/23, the Trust will have a significant role to play in the delivery of the six goals, many of which support the long-term ambitions of the organisation.

1.7.4 Welsh Language Regulations

On 30 May 2019, the Trust moved from implementing its Welsh Language Scheme under the Welsh Language Act 1993 to implementing Welsh Language Standards which are a set of statutory requirements which clearly identify its responsibilities to provide excellent bilingual services. These can be accessed via the Welsh Language Standards section on the Trust's website.

The Trust continues to strive towards ensuring that the Standards are embedded within its processes and systems to ensure that the Welsh language is treated no less favourably than the English language in its services and operations and that members of the public, learners and staff are able to interact with the Trust in the language of their choice. Overall, the process of implementing the Standards has had a positive effect on the Welsh language within the Trust and an increased number of staff are engaging in the language in the workplace, supported by initiatives such as the national Cymraeg Gwaith scheme. In addition, the Trust has strengthened its capacity to provide services to patients in Welsh for its 111 Service via a new front end messaging and options menu and recruitment of Welsh speaking call handlers in North Wales. 111 Service staff are supported with a new bespoke training package on Welsh language requirements and operational skills. In order to strengthen the Trust's long-term outcome in the delivery of an "Active Offer" as an integral part of service delivery, work has commenced on the development of a bilingual skills strategy.

The Trust will report progress on key actions to achieve its ambitions and statutory obligations for the Welsh language in its Annual Welsh Language Report, where a range of statistics such as Welsh Language complaints, staff numbers with Welsh Language skills and recruitment numbers requiring Welsh Language can be found. This will be published on the Trust's website.

1.7.5 Sustainability Report

Carbon emissions data will no longer be reported via the Sustainability Report as an addendum to this report, but via the Welsh Public Sector Net Zero Carbon reporting structure, discussions are still underway regarding metrics and format. Communication of this data needs to be agreed with all parties.

1.8 Conclusions & Look Forward

2021/22 has been another extraordinary year for the Trust as it has continued to respond to the global pandemic. There is no doubt that the Trust's staff have stepped up to the challenge, as have the Trust's partners.

Whilst the Trust has stepped up to the challenge, patient experience and safety in 2021/22 were not at the levels the Trust, or its stakeholders, aspire to. The reasons are complex and multiple, with some directly related to COVID-19 and others due to underlying fundamentals that were a problem pre-pandemic.

As the Trust moves forward into 2022/23 it will continue to monitor and respond to the needs of COVID-19 at a tactical level, whilst continuing to progress its strategic transformation programmes designed to modernise the Trust and the service it provides to patients and people in Wales. The Trust's IMTP 2022-25 provides further details on the Trust's strategic plans.

Finally, the Trust is acutely aware of the impact of COVID-19 on the communities it serves and also its own staff, both those colleagues who have passed and those recovering from COVID-19; the Trust will continue its emphasis on well-being and work to support those affected.

1.9 Links to Further Information

The Trust reports delivery against its IMTP throughout the year and reports on performance to every Trust Board meeting through the Integrated Quality & Performance Report.

For further information and to view these reports please click on the following links:-

Board Date	Board Agenda Item	Link to Board Papers
27 May 2021	3.1	Bundle Trust Board (Open Session) 27 May 2021 (wales.nhs.uk)
29 July 2021	3.2	Bundle Trust Board (Open Session) 29 July 2021 (wales.nhs.uk)
30 Sept 2021	2.1 and 3.1	Bundle Trust Board (Open Session) 30 September 2021 (wales.nhs.uk)
25 Nov 2021	11 and 12	Bundle Trust Board (Open Session) 25 November 2021 (wales.nhs.uk)
27 Jan 2022	12 and 14	Bundle Trust Board (Open Session) 27 January 2022 (wales.nhs.uk)
24 Mar 2022	9 and 10	Bundle Trust Board (Open Session) 24 March 2022 (wales.nhs.uk)

Ambulance Quality Indicators (AQIs): Each Health Board receives a performance indicator dashboard, from Welsh Government, to ensure consistent reporting in their annual reports. The Trust is not a Health Board and is a commissioned service by EASC; consequently, Welsh Government do not issue a dashboard to the Trust. Whilst no dashboard exists, the Trust is amongst the most transparent ambulance services in the World, with the publication of the quarterly AQIs by EASC.

[Home - Emergency Ambulance Services Committee \(nhs.wales\)](#)

Performance Report Contact Details: Should you require any further information on this Performance Report, please contact Hugh Bennett, Assistant Director, Commissioning & Performance on hugh.bennett2@wales.nhs.uk.